



DEVELOPMENT SERVICES DEPARTMENT

CHARITABLE SOLICITATIONS PERMIT INFORMATION SHEET

1. When can I turn in the application?

Applications may be turned in at any time Monday – Friday from 8:00 a.m. to 5:00 p.m.

2. How much does it cost, and who do I make the check out to?

There is an **\$40.00 PROCESSING FEE** for the application, payable to the City of El Paso. Please take processing fee to the Cashier's on the 9th Floor of City Hall.

All applications should be submitted for approval. **CAMPAIGNS CANNOT BEGIN UNTIL PERMIT IS ISSUED. All applicants are required to submit the following items:**

- A. PROPERLY COMPLETED APPLICATION FORM, SIGNED AND NOTARIZED (Obtain from Development Services Department Office) - Clerk will notarize with no cost to the applicant
- B. LIST OF OFFICERS & DIRECTORS, IF APPLICABLE (No. 3 on application form)
- C. LETTER OF AGREEMENT between a professional promoter or solicitor (if applicable)
- D. ANY ATTACHMENTS SUCH AS ARTICLES OF INCORPORATION, IRS LETTERS, etc.

NOTE: ALL PERSONS OR ORGANIZATIONS ISSUED PERMITS SHALL FURNISH THE DEVELOPMENT SERVICES DIRECTOR A DETAILED REPORT AND A FINANCIAL STATEMENT WITHIN THIRTY (30) DAYS AFTER THE CHARITABLE SOLICITATION CAMPAIGN HAS BEEN COMPLETED. See El Paso Municipal Code Chapter 5.24.140. (www.elpasotexas.gov)

ATTACHMENTS:

- 1. CHAPTER 5.24, CHARITABLE SOLICITATIONS OF THE MUNICIPAL CODE
- 2. TELEPHONE SOLICITATION INFORMATION SHEET

RETURN COMPLETED APPLICATION AND PROCESSING FEE TO:

DEVELOPMENT SERVICES DEPARTMENT
9TH FLOOR
#2 CIVIC CENTER PLAZA
EL PASO, TX 79901-1196

Acct. *36010119/404121
\$40.00

Receipt No. _____

Date of Application: _____

APPLICATION FOR SOLICITATION PERMIT

The organization sponsoring or the individual conducting the solicitation project must complete this form by providing *all* information requested. The applicant must sign the application before a Notary Public, affirming the truth of all representations being made in the application. Title 5, Chapter 5.24 of the El Paso City Code (Charitable Solicitations)

1. Organization or Individual Conducting Solicitation:

Name

Street Number

City

State

Zip Code

Telephone No.
Between 8:00 AM-5:00 PM

2. Representative of Organization or Individual (person to whom permit will be sent):

Name and Title

Street Number

City

State

Zip Code

Telephone No. Between
8:00 AM-5:00 PM

3. If a local organization, list or attach a list of all officers, directors and trustees of the local organization.

4. Purpose or purposes for which money collected will be used:

5. Date solicitation is to begin _____ and end _____

(Solicitations shall not begin prior to approval by Commission)

6. Name of individual(s) who will be responsible for the disbursement of funds raised?

Name and Title

Street Number

City

State

Zip Code

Telephone No.

7. Person(s) who will be in charge of managing or conducting soliciting:

Name and Title

Street Number

City

State

Zip Code

Telephone No.

8. Outline how solicitation(s) are to be conducted (10K run, walkathon, bake sale, etc.):

9. Please provide the following *estimated* amounts:

A.	Total amount to be collected.....	\$
B.	Total amount to be spent for General and Administrative Expenses (wages, salaries, etc.).....	\$
C.	Total amount to be spent for Fund Raising (fees, commissions, etc.).....	\$
D.	All other campaign costs.....	\$
E.	Total campaign costs..... (Add lines B, C, D).....	\$
F.	Total amount going to Charity/Program Services (Subtract line E from line A).....	\$
G.	Approximate percentage of funds, which will go to Charity/Program Services (Divide line 9A above into line 9F above).....	%
H.	Approximate percentage of funds, which will go for fund raising expenses (Divide line 9A into line 9E above).....	%

10. Will a professional promoter or solicitor be used: Yes ☐ No ☐
(If yes, please attach a copy of the contract with promoter or solicitor.)

Name and Title

Street Number

City

State

Zip Code

Telephone No.

Historical Data

11. If a charitable solicitation campaign has been conducted within the previous year, answer *either* A or B:

A. Campaign Statement:

- | | | | |
|------------------------------------|---|----|-------|
| 1) | Total amount collected previous year.... | \$ | _____ |
| 2) | Total percentage that went to charity.... | % | _____ |
| 3) | Total percentage that went to fundraising | % | _____ |
| (total of 2 & 3 should equal 100%) | | | |
| 4) | Specify the individual(s)/organization(s) which benefited from the distribution of funds raised within the previous year: | | |
| | _____ | | |
| | _____ | | |

OR

B. Financial Statement:

Attach a copy of the Charitable Solicitations campaign financial statement for the previous year.

Status Verification

12. If the applicant is a corporation, a copy of its charter or articles of incorporation must be on file with Development Services or attached to this application.

Check one: Not corporation ☐ Attached ☐ On File ☐

If the applicant is a foreign corporation, a copy of its certificate to do business in Texas must be on file with Development Services or attached to this application.

Check one: Not Foreign Corporation ☐ Attached ☐ On File ☐

13. If the applicant is exempt from federal income tax, a copy of an Internal Revenue Service letter stating so must be on file with Development Services or attached to this application.

Check one: Not Exempt ☐ Attached ☐ On File ☐ Applying ☐

Please specify type of exemption: 501 (c)3 ☐ 501 (c)4 ☐ 501 (c)6 ☐ Other ☐

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AFFIDAVIT

I, do hereby certify that all the statements made in this application for a solicitation permit are true and correct to the best of my knowledge. I further certify that if a permit is issued, it will not be used or represented in any way as an endorsement by the City of El Paso, or by any department or officer thereof, of the solicitations or project being solicited for. I understand that solicitation is not permitted until this application is approved. I understand that failure to comply with terms of the ordinance may result in revocation of any permit granted.

Signature

Name and Title

THE STATE OF TEXAS)
)
COUNTY OF EL PASO)

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY
OF _____, 20_____.

Notary Public, State of Texas
Printed or Typed Name:

My Commission Expires:
